

State of Arizona Department of Liquor Licenses and Control
800 W. Washington, 5th Floor
Phoenix, AZ 85007
www.azliquor.gov
(602)542-5141

APPLICATION FOR SPECIAL EVENT LICENSE

Fee = \$25.00 per day for 1-10 day events only

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. § 44-6852)

**NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED.
PLEASE ALLOW 10 BUSINESS DAYS FOR APPROVAL**

**Application must be approved by local government before submission to
Department of Liquor Licenses and Control. (Section #20)

DLIC USE ONLY

LICENSE #

1. Name of Organization: Lions Club of Globe Az. Inc.
2. Non-Profit/I.R.S. Tax Exempt Number: 501(c)4 86-6052543
3. The organization is a: (check one box only)

- ☒ Charitable ☐ Fraternal (must have regular membership and in existence for over 5 years)
- ☐ Civic ☐ Political Party, Ballot Measure, or Campaign Committee
- ☐ Religious

4. What is the purpose of this event? Gila County Fair
5. Location of the event: Gila County Fairground
- Address of physical location (Not P.O. Box) City County Zip

Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Question #1. (Signature required in section #18)

6. Applicant: Heffl David A 3/29/82
- Last First Middle Date of Birth
7. Applicant's Mailing Address: 808 S. Sandi Globe AZ 85501
- Street City State Zip
8. Phone Numbers: () (928) 812-0041 (928) 402-1807
- Site Owner # Applicant's Business # Applicant's Home #
9. Date(s) & Hours of Event: (Remember: you cannot sell alcohol before 10:00 a.m. on Sunday)

| | Date | Day of Week | Hours from A.M./P.M. | To A.M./P.M. |
|---------|----------------|-------------|----------------------|--------------|
| Day 1: | <u>9/22/12</u> | <u>Sat.</u> | | |
| Day 2: | | | | |
| Day 3: | | | | |
| Day 4: | | | | |
| Day 5: | | | | |
| Day 6: | | | | |
| Day 7: | | | | |
| Day 8: | | | | |
| Day 9: | | | | |
| Day 10: | | | | |

10. Has the applicant been convicted of a felony in the past five years or had a liquor license revoked?
☐ YES ☒ NO (attach explanation if yes)

11. This organization has been issued a special event license for 6 days this year, including this event
(not to exceed 10 days per year).

12. Is the organization using the services of a promoter or other person to manage the event? ☐ YES ☐ NO
If yes, attach a copy of the agreement.

13. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds.
**THE ORGANIZATION APPLYING MUST RECEIVE 25% OF THE GROSS REVENUES OF THE SPECIAL
EVENT LIQUOR SALES.**

Name Globe Lions Club 100 %
Percentage

Address _____

Name _____
Percentage

Address _____

(Attach additional sheet if necessary)

14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law violations. If you have
any questions regarding the law or this application, please contact the Arizona State Department of Liquor
Licenses and Control for assistance.

NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMISES."

15. What security and control measures will you take to prevent violations of state liquor laws at this event?
(List type and number of security/police personnel and type of fencing or control barriers if applicable)

2 # Police ☒ Fencing
2 # Security personnel ☒ Barriers

16. Is there an existing liquor license at the location where the special event is being held? ☐ YES ☒ NO
If yes, does the existing business agree to suspend their liquor license during the time
period, and in the area in which the special event license will be in use? ☐ YES ☐ NO

(ATTACH COPY OF AGREEMENT)

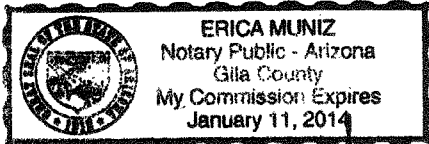
Name of Business () Phone Number

17. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors
under the provisions of your license. The following page is to be used to prepare a diagram of your special
event licensed premises. Please show dimensions, serving areas, fencing, barricades or other control
measures and security positions.

THIS SECTION TO BE COMPLETED ONLY BY AN OFFICER, DIRECTOR OR CHAIRMAN OF THE ORGANIZATION NAMED IN QUESTION #1

18. I, David Neffel, declare that I am an Officer/Director/Chairperson appointing the applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X David Neffel (Signature) _____ (Title/Position) _____ 8/22/12 (Date) _____ (Phone #) _____



State of AZ County of Gila
The foregoing instrument was acknowledged before me this 22 day of August, 2012
Day of Month Month Year

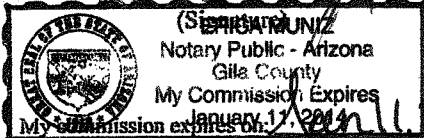
My Commission expires on: Jan 11, 2014 Erica Muniz (Signature)

THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN QUESTION #6

19. I, David Neffel, declare that I am the APPLICANT filing this application as is listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X David Neffel (Signature)

State of AZ County of Gila
The foregoing instrument was acknowledged before me this



8/22/12 day of Aug, 2012
Day of Month Month Year

Erica Muniz (Signature of NOTARY PUBLIC)

You must obtain local government approval. City or County MUST recommend event & complete item #20. The local city or county jurisdiction may require additional applications to be completed and additional licensing fees before approval may be granted.

LOCAL GOVERNING BODY APPROVAL SECTION

20. I, _____, _____, hereby recommend this special event application
(Government Official) (Title)
behalf of _____
(City, Town or County) (Signature of OFFICIAL) (Date)

FOR DLLC DEPARTMENT USE ONLY

Department Comment Section:

(Employee) (Date)

APPROVED ☐ DISAPPROVED BY: _____
(Title) (Date)

(This diagram must be completed with this application)

Special Event Diagram: (Show dimensions, serving areas, and label type of enclosure and security positions)

NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.

9/22

